PTO/SB/17 (01-06)
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Fees pursuant to	Complete if Known												
4	Application Nur	nber	10/608723-Conf. #6915										
FEE			June 26, 2003										
	First Named Inventor		Andrew R. Marks										
	Examiner Name		٦. Li										
X Applican	Art Unit	1646											
TOTAL AMOU	NT OF PAYMENT	(\$) 845.00		Attorney Docket No. 0019240.00594US									
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order None Other (please identify):													
x Deposit Account Deposit Account Number: 08-0219 Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
x C	harge fee(s) indicated	d below		Charg	e fee(s) ind	licated below, ex	cept for th	ne filing fee					
× c	harge any additional t e(s) under 37 CFR 1	fee(s) or underpay .16 and 1.17	ment of	x Credit	any overpa	ayments							
FEE CALCU	LATION (All the fe	es below are d	ue upo	n filing or may	be subje	ct to a surcha	rge.)						
	G, SEARCH, AND E												
1	FI	LING FEES	SE	ARCH FEES	EXAMIN	IATION FEES							
Application T	ype Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)					
Utility	300	150	500	250	200	100							
Design	200	100	100	50	130	65	-						
Plant	200	100	300	150	160	80							
Reissue	300	150	500	250	600	300							
Provisional	200	100	0	0	0	0							
2. EXCESS CL	AIM FEES							Small Entity					
Fee Description	<u>Fee (\$)</u>	Fee (\$)											
Each claim ove		50	25										
Each independe		200	100										
Multiple depend							360	180					
Total Claims	Total Claims Extra Claims Fee (\$) Fee I			Paid (\$)		ultiple Depende							
HP = highest num	er of total claims paid for,	if greater than 20			<u>Fe</u>	<u>e (\$) </u>	ee Paid (\$	1					
Indep. Claims	Extra Claims	Fee (\$)	Fee I	Paid (\$)				_					
macp: Olamis	- =	×		<u> </u>									
HP = highest num	er of independent claims	paid for, if greater than	3.										
3. APPLICATIO	N SIZE FEE							_					
	ation and drawings ex							_					
	ler 37 CFR 1.52(e)), action thereof. See 3				for small en	itity) for each ad	lditional 50)					
Total Sheet				idditional 50 or fra	ction thereo	f <u>Fee (\$)</u>	Fee	Paid (\$)					
Total Oliver	- 100 =	_		(round up to a who				<u> </u>					
4. OTHER FEE				, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Fees	Paid (\$)					
Non-English Specification, \$130 fee (no small entity discount)													
Other (e.g., late filing surcharge): 2253 Extension for response within third month 450.00 2801 Request for continued examination (RCE) (see 37 395.00													
SUBMITTED BY	5)44	10 la 1	-	Registration No.	10.010	1	(040) 00						
Signature	Janes	nyone		(Attorney/Agent)	42,812	Telephone	(212) 230						
Name (Print/Type)	Jana M. Lava Ph	, D				Date /a/	2 2/M	(~					

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Express Mail Label No. EV842148070US	Dated:	23/06	0		